DOCUMENT RESUME

ED 177 402 CG 013 829

AUTHOR Clayson, David
TITLE Women Medical Students: A Study of Attitude Changes During Medical School.
PUB DATE 3 May 79
NOTE 8p.; Paper presented at the Annual Meeting of the Midwestern Psychological Association (51st, Chicago, Illinois, May 3-5, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavior Patterns; *Changing Attitudes; *Environmental Influences; *Females; Higher Education; Medical Education; *Medical Students; Reactive Behavior; *Self Concept; *Sex Differences

ABSTRACT

Differences between male and female medical students in attitude changes toward themselves and their environment were investigated. In general, women students appeared to have had a harder time, showing more negative developments in both attitudes toward the environment and in those toward themselves. Compared with men, women showed sharp declines in measures of self-worth, decreases in self-confidence, dramatic increases in readiness for counseling and a need for help from outside agencies, and increased values on measures representing social responsibility. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED177402

WOMEN MEDICAL STUDENTS:
A Study of Attitude Changes During Medical School

David Clayson, Ph.D.

Paper presented at the Midwestern Psychological Association Meeting, May 3-5, 1979.

CG013829

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

David Clayson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Women Medical Students: A Study of Attitude Changes During Medical School

INTRODUCTION

Medical educators have shown an increasing interest over the past 25 years in the type of professional and personal attitudes developed by medical students during the course of their training. Women entering medical studies face certain issues centering on their vocational and sexual roles which are not generally encountered by men and which one assumes influences the modifications of their attitudes during medical school. Levine (1975) observed that for women medical students, the choice of a career field, as well as perceptions of family attitudes toward proper adult roles, were related to the level of mothers' education. She noted that womens' experiences in medical school included learning to work with men and, for many, permitted normal social experiences. This is in contrast to women in nursing and teaching who were found to be much more isolated from men in their working life, as well as socially. The question of personality differences in male and female medical students is essential to understanding the extent to which attitudes will be affected by professional training. Cartwright (1972) found that female medical students (at the senior level) were significantly less sociable, outgoing, and impulsive than males. In general, he found women to be more absorbed with ethical and moral issues and to score higher than men on measures of achievement and intellectual efficiency. On the basis of examination

performance, Liss Ladd, and Carss (1974) noted that practical exercises appear to have a significantly greater role in learning for male medical students than for female. Harris (1974) has observed that both female and male medical students are inclined to develop professional attitudes increasingly like those of their clinical teachers. He noted that students will also develop an "anti-modeling" reaction to threatening aspects of their clinical instructors. He demonstrated that changes in attitudes of medical students cannot be accounted for simply by the effects of growing older. Harris has also shown that there is a difference in attitudes between students entering medical school and of students the same age entering training in other vocations, such that the attitude of the former will be closer than those of the latter to the attitudes of clinical teachers.

The present study sought to identify differences between women and men medical students in attitude changes during medical school toward themselves and toward various concepts representing elements in, or reactions to, their environment.

METHOD

Subjects:

Cornell University Medical College Classes of 1974, 1975, and 1976 served as subjects. An average of 72 students per class voluntarily participated, of which 33 - 10 to 12 (an average of 15%) per class - were women.

Test Instruments:

Following Osgood's technique[1], a semantic differential test was constructed using 16 scales to evaluate each of the following 16 concepts:

Me	Religion	Medical Student	Welfare (Public Assistance)
Trouble	Earn	Sickness	Socialized Medicine
Fear	Work	Political Liberalism	White
Professor	Competition	Political Conservatism	Non-White

The Adjective Check List Test[2] was used to provide a measure of self-evaluation.

Procedure:

Tests were administered five times - during the first week in medical school and thereafter at the end of each succeeding year of training. Longitudinal trends were evaluated by analysis of variance of concept and ACL measures for combined classes and combined scores.

RESULTS

Concepts of the Semantic Differential Test on which female and male students showed significant changes include me, religion, medical student, sickness, welfare, and socialized medicine. These concepts represent the general areas of self, traditional values, medical school, and social responsibility.

Me was rated highly at the onset by both female and male students, reaching its low meaning value for women at the end of the first year and its strongest point at the end of the final year. For men, the meaning of this concept remained fairly even over time, peaking at the end of the third year. Overall, however, female students showed a substantial decrease in the value assigned to the concept me. Religion was rated less highly by males than by females from the very beginning and this discrepancy widened over time, female students showing a notable increase in the value of this concept, while males showed a marginal decrease.

Male students rated the concept medical student somewhat higher than females to begin with, and over the course of their training, this difference widened - female students assigning decreasingly less value to the concept medical student, while the ratings of male students remained essentially unchanged. Interestingly, the value of the concept sickness decreased marginally for men, but rose notably for women. Female students rated welfare and socialized medicine more highly than men in the beginning and advanced their lead on the meaning value of these concepts significantly over the four years of medical study.

Adjective Check List scales on which female and male students showed significant differences include: number unfavorable, self confidence, and counseling readiness. Female students associated increasingly more negative self descriptive terms to themselves over the course of their training. Their highest incidence of negative descriptions was found at

the end of the first year. For male students, there was little variation over time in the use of negative self descriptive terms. Female students showed somewhat higher self confidence ratings than did males at the beginning of medical school, but by the end of training their positions had considerably reversed. On measures related to counseling readiness, women students scored higher than men from the very beginning and over the course of the following four years showed a dramatic increase in score over men on this scale. This increase represented their greatest single change from the beginning to the end of the medical school experience.

CONCLUSIONS

The fact of being male or female effected the medical school experience deeply - if not broadly. In general, women students appeared to have had a "harder" time, showing more negative developments in both attitudes toward the environment and in those toward themselves. Compared with men, women showed sharp declines in measures of self-worth, decreases in self-confidence, and dramatic increases in readiness for counseling. This powerful focus on need for help from outside agencies seemed reflected as well in the increased values women students placed on measures representing social responsibility. It may be that the relatively higher value women came to attach to the concepts welfare and socialized medicine - both institutions intended for service to the disadvantaged - represents, in part, a projection of the need for help and sense of disadvantage that many women students appeared to have developed (or saw heightened) during the medical school years.

Significant Interactions Between Male and Female Medical Students and Meaning Scores of the Semantic Differential Test and the Adjective Check List

		Sex		
		p.	Male	Female
Semantic Differential Concepts	Me	.001	.7	-4.8
	Trouble	-	-	-
	Fear	-	-	-
	Professor	-	-	-
	Religion	.01	-.5	3.1
	Earn	-	-	-
	Work	-	-	-
	Competition	-	-	-
	Medical Student	.02	.4	-2.9
	Sickness	.009	-.3	2.0
	Political Liberalism	-	-	-
	Political Conservatism	-	-	-
	Welfare	.001	-.6	3.6
	Socialized Medicine	.001	-.7	4.6
	White	-	-	-
	Non-white	-	-	-
ACL Scales	Number Checked	-	-	-
	Defensiveness	-	-	-
	Number Favorable	-	-	-
	Number Unfavorable	.001	-.5	3.1
	Self-confidence	.01	.2	-1.6
	Lability	-	-	-
	Personal Adjustment	-	-	-
	Need	-	-	-
	Counseling Readiness	.001	-1.7	10.7